matter of various Committees, including CSIR Review Committee, which also recommended the same in its report submitted on 31-12-1986. CSIR Society however, did not agree to this recommendation and as per its decision the INSDOC is to now function as an independent unit. Accordingly selection of the Director for INSDOC has already been made and the incumbent of the post is expected to join shortly. A Scientist-in-Charge with powers of Director has been working at INSDOC all along these years and this arrangement in no way affected the normal functioning of the Institute.

Failure of rural health plans in Uttar Pradesh

1395. SHRI N. E. BALARAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that rural health plans in Uttar Pradesh have failed to take off despite massive central support;

(b) whether not even one primary health centre was established till December, 1988 out of 550 sanctioned;

(c) whether funds allocated to Uttar Pradesh would be diverted to other needy States with far better performance; and

(d) whether Government propose to involve Voluntary Health Organisations in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) As reported by State Government of Uttar Pradesh 20,153 sub-centres, 2,476 primary health centres and 142 community health centres had been established in the State upto 31-3-1988. The State Government has a target of establishing additional 1500 sub-centres, 500 primary health centres and 37 community health centres during the current year. As reported by the State Government 79 PHCs have already been established against this goal till January, 1989.

(c) Establishment of Primary Health Centres and Community Health Centres is an activity included in the State Budget and the question of diverting the funds to other States does not arise.

(d) Government of India have advised the State Government to encourage Voluntary Health Organisation to take up responsibility for primary health care wherever such organisations come forward.

Report on Kala-Azar by voluntary health Association of India

1396. SHRI CHATURANAN MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the report of Kala-azar prepared by Voluntary Health Association of India;

(b) if so, what are its salient features; and

(c) whether Government have finalised its Action Plan to meet the emerging threat of Kala-azar in the country and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) Yes. The salient features of the report includes status of Kala-azar parasite, vector, reservoir of infection clinical features, diagnosis and treatment etc. It also describes control measures of Kala-azar and involvement of non-governmental organisations in the control of Kala-azar and community involvement.

(c) Yes. The special Action Plan for control of Kala-azar envisages:

interruption of transmission through vector control by undertaking insecticidal spraying in priority areas. diagnosis and treatment of Kala-azar cases. Health education.

The central assistance both in Cash and kind is being provided to the Kala-azar endemic states of Bihar and West Bengal.